

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
Thomas E. Ross, Sr. Director
Head Law, Corporate Litigation & FDA Compliance
5801 Pelican Bay Blvd. S.
Suite 500
Naples, FL 34108

Kenneth Rosen
Lowenstein Sandler LLP
1251 Avenue of the Americas
New York, NY 10020

Lupin Pharmaceuticals, Inc.
Attn: Sean Moriarty, SVP, Legal
(Americas & EMEA)
111 South Calvert Street, 21st Floor
Baltimore, MD 21202

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:
Lupin Pharmaceuticals, Inc.
Attn: Vinita Gupta, CEO
111 South Calvert Street
21st Floor
Baltimore, MD 21202

The Corporation Trust Center,
R/A for Lupin Pharmaceuticals Inc.
Corporation Trust Center
1209 Orange St
Wilmington DE 19801

National Registered Agents,
R/A for Lupin Pharmaceuticals Inc.
1209 Orange St
Wilmington DE 19801

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.


Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature X <i>CD-19</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |
| <p>1. Article Addressed to:</p> <p>Lupin Pharmaceuticals, Inc. Attn: Vinita Gupta, CEO 111 South Calvert Street 21st Floor Baltimore, MD 21202</p> | <p>B. Received by (Printed Name) <i>GP</i></p> <p>C. Date of Delivery <i>2-11-22</i></p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 9412</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

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|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |
| <p>1. Article Addressed to:</p> <p>The Corporation Trust Center, R/A for Lupin Pharmaceuticals Inc. Corporation Trust Center 1209 Orange St Wilmington DE 19801</p> | <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>FEB 08 2022</i> CT CORPORATION</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 9429</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
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| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| 1. Article Addressed to: National Registered Agents, R/A for Lupin Pharmaceuticals Inc. 1209 Orange St Wilmington DE 19801 | | B. Received by (Printed Name) | C. Date of Delivery |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 1.2em;">FEB 08 2022</div> <div style="text-align: center; font-size: 1.5em;">CT CORPORATION</div> | |
|  9590 9402 3367 7227 2900 79 | | 3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> | |
| 2. Article Number (Transfer from service label) 7017 2400 0000 3985 8213 | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | |